

John M. Toriello
Marc L. Antonecchia
HOLLAND & KNIGHT LLP
195 Broadway
New York, NY 10007
(212) 513-3200
Attorneys for Plaintiff EAST Trust – Sub 12

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

EAST TRUST – SUB 12,

08 Civ. 5698 (Holwell)

Plaintiff,

- against -

CERTIFICATE OF SERVICE

AVOLAR AEROLINEAS, S.A., DE C.V.,

Defendant.

I, Wallis Karpf, hereby certify, pursuant to Title 28 U.S.C. §1746, as follows:

1. On June 26, 2008, I served a copy of the following documents:
 - (a) Summons in a Civil Action;
 - (b) Complaint;
 - (c) Civil Cover Sheet;
 - (d) Rule 7.1 Certificate of corporate Disclosure;
 - (e) Order to Show Cause With Temporary Restraint;
 - (f) Declaration of Arturo Sort DeSanz in Support of Plaintiff's Application For a Temporary Restraining Order and a Preliminary Injunction;
 - (g) Declaration of Drian SiSanto in Support of Plaintiff's Application For a Temporary Restraining Order and a Preliminary Injunction and the exhibits annexed thereto;
 - (h) Memorandum of Law in Support of Plaintiff's Application For a Temporary Restraining Order and a Preliminary Injunction;

upon the following via U.S. Postal Service Express Mail delivery (receipt attached):

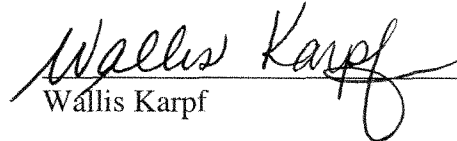
Avolar Aerolineas, S.A., DE C.V.
Goldsmith 39-101
Polanco Chapultepec
11560, Mexico, D.F.
Mexico

Antonio Fernandez Palazuelos and/or
Jose Antonia Fernandez Rousselon
Avolar Aerolineas, S.A., DE C.V.
Blvd. Independencia 1721 Psio 1
Local B. Zona Rio 22320
Tijuana B.C.

Antonio Fernandez Palazuelos and/or
Jose Antonia Fernandez Rousselon
Avolar Aerolineas, S.A., DE C.V.
Carretera Al Aeropuerto S/N
Col. Mesa De Otay
Hanger Avolar, C.P. 22300
Tijuana B.C.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated: June 30, 2008.


Wallis Karpf

* E T 3 4 1 4 7 0 1 2 6 U S *

**SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND
INSURANCE COVERAGE LIMITS**

Customer Copy
Label 11-B August 2000

ORIGIN (POSTAL USE ONLY) PO ZIP Code <u>10087</u>			Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second		Flat Rate Envelope <input type="checkbox"/>	
Date In <u>08</u> Mo. Day Year			<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM		Postage \$ <u>2.50</u>	
Time In <u>08</u> <input type="checkbox"/> AM <input type="checkbox"/> PM			Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		Return Receipt Fee	
Weight <u>12.5</u> lbs. ozs.			Int'l Alpha Country Code		COD Fee	Insurance Fee
No Delivery <u>08</u> <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday			Acceptance Clerk Initials <u>TE</u>		Total Postage & Fees \$ <u>3.00</u>	

☐ **WAIVER OF SIGNATURE** (*Domestic Only*) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY ☐ Weekend ☐ Holiday

Customer Signature _____

CUSTOMER USE ONLY METHOD OF PAYMENT Express Mail Corporate Acct. No.		Federal Agency Acct. No. or Postal Service Acct. No.	
FROM: (PLEASE PRINT) John M. Toriel Holland & Knight LLP 195 Broadway New York, NY 10007	PHONE (212 , 513-3366)	TO: (PLEASE PRINT) Avolar Aerolineas, S.A. de C.V. Goldsmith 38-101 Polanco Chapultepec 11560, Mexico, D.F. Mexico ATTENTION: President	PHONE ()
		ZIP + 4 <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">+</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	

FOR PICKUP OR TRACKING CALL 1-800-222-1811

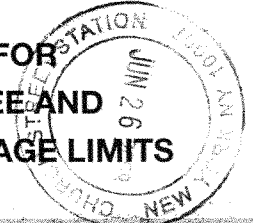
www.usps.com



**POST OFFICE TO ADDRESSEE****ORIGIN (POSTAL USE ONLY)**

PO ZIP Code 10007	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second <input type="checkbox"/>	Flat Rate Envelope <input type="checkbox"/>
Date In 26 08 Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$ 4.50
Time In <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight 1.0 lbs. 0.0 ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials PB	Total Postage & Fees \$ 4.50

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INSURANCE COVERAGE LIMITS**



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Customer Signature

CUSTOMER USE ONLY

METHOD OF PAYMENT Express Mail Corporate Acct. No.		Federal Agency Acct. No. or Postal Service Acct. No.	
FROM: (PLEASE PRINT) PHONE (212) 513-3366 John M. Torrealba Holland & Knight LLP 195 Broadway New York, NY 10007		TO: (PLEASE PRINT) PHONE () Antonio Fernandez Palazuelos and/or Jose Antonio Fernandez Rousselon Avolar Aerolineas, S.A., DE C.V. Blvd. Independencia 1721 Piso 1 Local B. Zona Rio 22320 Tijuana B.C.	
ZIP + 4 [] [] [] [] [] + [] [] [] []			

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Incl 11-B August 2000

UNITED STATES POSTAL SERVICE®

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SERVICE GUARANTEE AND
INSURANCE COVERAGE LIMITS**

Customer Copy
Label 11-B, March 9, 1960

Customer Copy
Label 11-B August 2000

ORIGIN (POSTAL USE ONLY)			
PO ZIP Code 78001		Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	
Date In 36 00		Flat Rate Envelope <input type="checkbox"/>	
Mo. Day Year Mo. Day Year		Postage \$ 78.50	
Time In 10:03		Return Receipt Fee	
<input type="checkbox"/> AM <input type="checkbox"/> PM		Military <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	
Weight 6 10		Int'l Alpha Country Code	
lbs. ozs.		COD Fee Insurance Fee	
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		Acceptance Clerk Initials	
		Total Postage & Fees \$ 78.50	

☐ **WAIVER OF SIGNATURE (Domestic Only)** Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

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Customer Signature _____

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212 513-3366 PHONE ()	ZIP + 4 +

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